

| CLAIMS ONLY | | | | | | Application Number 10 814 768 | Filing Date | | | |
|--------------|----------|--------|-----------------------|--------|------------------------|----------------------------------|---|--------|-------|--------|
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * May be used for additional claims or amendments | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | | | | | 51 | | | |
| 2 | | | | | | | 52 | | | |
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| 9 | | | 1 | | | | 59 | | | |
| 10 | | | | 1 | | | 60 | | | |
| 11 | | | | | 1 | | 61 | | | |
| 12 | | | | | | 1 | 62 | | | |
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| 24 | | | 1 | | | | 74 | | | |
| 25 | | | | 1 | | | 75 | | | |
| 26 | | | | | 1 | | 76 | | | |
| 27 | | | | | | 1 | 77 | | | |
| 28 | | | | | | | 78 | | | |
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| 30 | | | | | 1 | | 80 | | | |
| 31 | | | | | | 1 | 81 | | | |
| 32 | | 1 | | | | | 82 | | | |
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| 50 | | | | | | | 100 | | | |
| Total Indep | | | | | | | Total Indep | | | |
| Total Depend | | | | | | | Total Depend | | | |
| Total Claims | | | | | | | Total Claims | | | |